

10/2/15
(a)

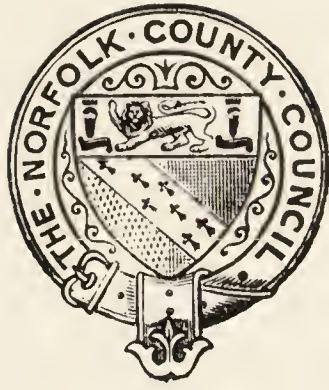


NORFOLK EDUCATION COMMITTEE

Annual Report

of the

**SCHOOL MEDICAL OFFICER
FOR 1952**



NORFOLK EDUCATION COMMITTEE

Annual Report

of the

SCHOOL MEDICAL OFFICER
FOR 1952



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29911400>

CONTENTS

	PAGE
PREFACE	2—3
STAFF—SCHOOL HEALTH SERVICE	4—7
GENERAL STATISTICS	6
MEDICAL INSPECTION:	
Findings of Medical Inspection	8
Diseases and Defects	8
General Condition	9
Provision of Milk and Meals in Schools	10
Provision of Extra Nourishment	11
Cleanliness	11
Following-up	12
TREATMENT OF DEFECTS:	
Hospital Treatment	12
Co-operation with General Practitioners	12
Minor Ailments Clinics	12
Defective Vision	13
Orthoptic Treatment	14
Defects of Ear, Nose and Throat	14
Skin Diseases	15
Threadworm Investigation	15
Tuberculosis	16
DENTAL TREATMENT	16
HANDICAPPED PUPILS:	
Special Educational Treatment	19
(a) Sidestrand Hall	20
(b) Colne Cottage Hostel, Cromer	21
(c) Morley Hall Hostel	21
Home Tuition	21
Child Guidance Centres	21
Speech Therapy	24
Pupils Suffering from Disability of the Mind	24
Heart Clinics	25
PHYSICAL EDUCATION:	
Report by County Organisers	25
ORTHOPAEDIC TREATMENT	30
INFECTIOUS DISEASES	30
DIPHTHERIA IMMUNISATION	31
SANITARY SURVEY OF SCHOOLS	31
SCHOOL MEALS SERVICE	32
REMAND HOMES	33
CHILDREN'S HOMES	33
NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN	33
MISCELLANEOUS:	
School Leavers—Medical Reports	34
Transport of Children to and from School	34
Convalescent Home Treatment	34
Holiday Camps for Diabetic Children	34
LIST OF CLINICS	35—6
STATISTICAL TABLES:	
Medical Inspection	37
Return of Defects found by Medical Inspection	38
Infestation with Vermin	39
Treatment provided	40

P R E F A C E

The year 1952 was one of steady progress in the work of the school health service, and there was little of outstanding interest calling for comment.

The medical staff was under-strength, but it was possible to examine over 20,000 children at periodic school medical inspections. This was the highest figure on record, and exceeded that of the previous year by nearly 1,300. There was a slight decrease in the percentage of defects found. Arrangements for treatment, either through the general practitioner or the hospital service, worked satisfactorily, and there was the closest co-operation between the respective branches of the National Health Service.

The dental staff remained much below establishment, but it was possible to recruit some additional dentists for part of the year. As a result 5,000 more children were inspected and 3,000 more treated than in 1951. Thus for the first time since the National Health Service Act came into operation, the decline in dental inspection and treatment was halted, and it is hoped that in 1953 some steps may be possible to resume the dental services in those areas in the county which have been without a dentist for many years.

The percentage of children medically examined whose general condition was classified as "good" continued to show an upward trend. There is no doubt that the increasing provision of school dinners is playing a large part in the general improvement in the nutritional state of the children. Arrangements have been made for the school medical staff to make special surveys to assess, if possible, the effects on the general condition of those children in schools where the provision of school meals is newly instituted.

The marked improvement in the cleanliness of school children during recent years was maintained—only 1.1% of the school population now being found to be verminous.

With the appointment of a third speech therapist, further expansion of this important branch of the school health service was possible and, during the year, 8 additional clinics were opened and 107 more children treated than in 1951.

There is still a large number of children attending the ordinary schools who have been ascertained as educationally subnormal and for whom special educational treatment in a day or residential school has been recommended. The provision of special classes for this category of handicapped pupils at certain of the schools is at present under consideration.

The opening of another hostel for maladjusted pupils at Morley, near Wymondham, met the need for separate accommodation for boys over 11 years and Colne Cottage Hostel, Cromer, is now left available for girls and junior boys.

Although fewer children classified as delicate were ascertained during the year, there is still a need in this county for a residential special school for this category of handicapped pupil.

The work of the child guidance service continued to expand and 56 more examinations were carried out than in the previous year.

Once more I wish to record my appreciation of the help and co-operation I have received during the year from the Chief Education Officer, head teachers and the professional and clerical staff of this department.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.

June, 1953.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1952.

SCHOOL MEDICAL OFFICER:

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER:

K. F. ALFORD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER:

W. W. SINCLAIR, M.B., Ch.B., D.P.H. (To 14th October).

TEMPORARY CONSULTING MEDICAL OFFICER:

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H. (To 30th Sept.).

ASSISTANT SCHOOL MEDICAL OFFICERS:

*A. E. BROWN, M.D., B.S., D.P.H.

NULECE CASSELLS, M.B., Ch.B. (Temporary part-time).

*C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

*IRENE B. M. GREEN, M.D., B.S., D.P.H.

*A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.

*J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

O. C. HAMILTON-JONES, M.R.C.S., L.R.C.P., D.P.H. (To 13th Jan.).

VIOLET M. JEWSON, M.A., M.B., Ch.B.

*J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S. (Temporary part-time from 28th January).

*R. N. C. McCURDY, M.B., Ch.B., D.P.H.

C. MARGARET McLEOD, M.B., Ch.B. (Part-time).

*J. H. F. NORBURY, M.B., B.S., D.P.H.

CHRISTINA S. WEBSTER, M.B., Ch.B., D.P.H. (Temporary part-time from 30th October).

F. R. WILSON, M.D., Ch.B. (Temporary part-time).

*Also assistant county medical officer and district medical officer of health.

SENIOR DENTAL OFFICER:

P. MILLICAN, L.D.S., R.C.S. (Eng.)

DENTAL OFFICERS:

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (Temporary part-time).

JOYCE G. CAMPBELL, L.D.S. (St. Andrews) (Temporary full-time from 1st December.)

SADIE S. HOW, L.D.S., R.C.S. (Eng.)

RITA M. HUGHES, B.D.S. (U.Lpool) (Temporary part-time).

D. J. MURCH, L.D.S., R.C.S. (Eng.) (From 9th September to 20th December).

E. C. PACKHAM, L.D.S., R.C.S. (Eng.)

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.)

SPEECH THERAPISTS:

MISS M. M. DIXON, L.C.S.T. (From 11th February)

MISS J. RUTT, L.C.S.T.

MISS D. WHITTARD, L.C.S.T.

HEALTH VISITORS/SCHOOL NURSES:

MRS. L. BRADBURY,
S.R.N., S.C.M., H.V.Cert

MRS. E. J. BRADFORD, S.R.N.,
S.C.M., H.V.Cert.

*MRS. P. D. CHADWICK, R.S.C.N.

MISS I. K. COLE, S.R.N., S.C.M.,
H.V.Cert.

MRS. W. A. DUNNELL, S.R.N.,
S.C.M., H.V. Cert.

MRS. M. E. C. EVANS, S.R.N.,
S.C.M., H.V.Cert. (Part-time).

MISS T. D. FULLER, S.R.N.,
S.C.M., H.V.Cert. (From 1st
November).

MRS. B. M. GRAY, S.C.M.

*MISS A. E. HOLDEN, R.S.C.N.

*MRS. A. M. KNOTT, Trained Nurse,
Sick Children.

MISS B. LESTER, S.R.N., S.C.M.,
H.V.Cert.

*MRS. F. B. NEVILLE, S.R.N.

MRS. W. M. PETTS, S.R.N.

*MRS. M. I. QUAYLE, S.R.N.

*MISS C. SHINGLETON, S.R.N.

MISS L. B. STEEL, S.R.N. S.C.M.,
H.V.Cert.

MRS. J. ST. C. VERNAN, S.R.N.
S.C.M., H.V.Cert.

*MISS D. VICKERS, S.R.N.

*MRS. O. N. WAINWRIGHT,
Trained Nurse, Sick Children.

MRS. E. WITTRED, S.R.N.

* School Nursing duties only.

DENTAL ATTENDANTS:

MISS P. BAILEY.

MRS. V. C. BARNARD (Temporary,
full-time, from 1st December).

MRS. J. CHENNELL.

MRS. E. GEDGE (Part-time).

MRS. C. E. PAGE.

MRS. J. HARDY. (Part-time)

MISS N. RADFORD.

MRS. D. M. SMITH.

MRS. H. SMITH.

MISS D. L. TRAFFORD (From 9th
September).

MISS I. WEST.

ANNUAL REPORT

OF THE SCHOOL MEDICAL OFFICER

for 1952

I. GENERAL STATISTICS.

Area of administrative county	1,302,501 acres.
Population 1951 census (provisional)	374,219
Registrar General's mid-year estimate of population, 1952	372,700

Number of schools and number of pupils on the registers as at the 31st December, 1952:—

	Number of schools	No. of pupils on registers
Primary	437	40,787
Modern secondary	19	6,297
Grammar secondary	11	2,906
Technical secondary	1	319
Special grammar school courses	3	173
Nursery schools	3	119
Special schools	2	131
	476	50,732

Average percentage attendance of pupils at primary and modern secondary schools for the year ended 31st March, 1953 89.04%

II. STAFF.

There has been no change in the arrangements, mentioned in the report for 1951, for the co-ordination of the staff. The following table shows the number of officers employed as at the 31st December, 1952, compared with the previous year.

	31st December, 1952.		31st December, 1951.	
	No. employed	Estimated time expressed in no. of whole-time officers	No. employed	Estimated time expressed in no. of whole-time officers
Medical staff	15	8.02	17	9.50
Dental officers	7	5.60	6	4.25
Speech therapists	3	3.00	2	2.00
School nurses	20	11.80	19	11.50
Dental attendants	11	9.40	9	7.00
Clerk attendants	13	8.87	9	7.20
TOTALS	69	46.69	62	41.45

Changes in the professional staff, a list of which is given on pages 4-5 were as follows:

(a) **Headquarters—Senior Medical Staff.**

Dr. W. R. Clayton Heslop, who had given unremitting service to the Council for eighteen years, first as deputy school medical officer and later as temporary consulting medical officer, resigned his appointment on 30th September.

Dr. W. W. Sinclair, who joined the staff as assistant county medical officer in May, 1947, and was appointed senior assistant medical officer on the 1st January, 1950, and senior medical officer as from the 1st January, 1951, resigned his appointment on the 14th October.

(b) **Assistant County Medical Officers.**

The vacancy for an assistant county medical officer in Area No. 1 (Blofield and Flegg R.D., Smallburgh R.D. and North Walsham U.D.) was filled by the appointment of Dr. W. Aitchison but he did not take up his duties until 5th January, 1953.

(c) **Assistant Medical Officers.**

Dr. O. C. Hamilton-Jones resigned his appointment on the 13th January. Dr. Christina S. Webster, an additional temporary assistant medical officer, took up duty on the 30th October.

(d) **Dental Staff.**

Miss Joyce G. Campbell was appointed as a temporary full-time dental officer in the Thetford area as from the 1st December. Mr. D. J. Murch served as full-time dental officer in the Dereham and Swaffham areas (from the 9th September to the 20th December).

During the year, two additional dental attendants were appointed, one to work with Miss Campbell and the other with Mr. Murch.

(e) **Speech Therapists.**

Miss M. M. Dixon, a third speech therapist, commenced duty in West Norfolk on 11th February.

(f) **School Nurses.**

An additional health visitor/school nurse was appointed and commenced duty on the 1st November, bringing the staff to a total of 20 of whom 8 carried out school nursing duties only.

III. MEDICAL INSPECTION.

The age groups, including those prescribed by the Ministry and additional groups approved by the local education authority, remained unchanged and are given in the table below :—

Group	Age when inspected	Schools concerned
Entrants	Normally 5-6 years.	Primary schools.
Second age group	During the year in which the age of 11 is reached.	Primary schools.
Third age group	During the last year of attendance at (a) Primary or modern secondary school (14+). (b) Secondary grammar school (15+).	Primary and modern secondary schools. Secondary grammar schools.
Other periodic routine inspections	During the year in which (a) the age of 8 is reached. (b) the age of 13 is reached.	Primary schools. Secondary grammar schools.

In addition to the periodic medical inspection of children as mentioned above, arrangements are made for pupils in Sidestrand Hall Residential Special School to be examined as soon as possible after admission, and thereafter once yearly.

Whilst every endeavour is made to visit each school at least once a year to complete periodic medical examinations, to re-examine those pupils found or suspected to have some disease or defect, or to see special cases, this was not possible during the year owing to unfilled vacancies on the permanent medical staff. In spite of this, however,

it was possible by the employment of part-time officers, to inspect all the schools but twelve, including two where the inspection could not be completed owing to accommodation difficulties. It is gratifying to note that the total number of periodic medical inspections during the year was 20,181, an increase of 1,283; the increased figure being the highest on record.

The number of special examinations, however, decreased from 1,031 to 883, while the number of re-examinations of children who had a defect or defects, increased from 9,570 in 1951 to 10,134 in 1952.

During the year, 13,832 parents (68%) attended the periodic medical inspections as compared with 12,679 or 67% in 1951.

FINDINGS OF MEDICAL INSPECTION.

(The figures refer to periodic inspections unless indicated to the contrary).

Diseases and defects (excluding dental and nutritional defects and uncleanliness).

3,827 or 18.96% of the 20,181 pupils examined at periodic medical inspections were found to be suffering from some defect for which treatment was recommended, the total number of defects found being 4,306. It will be seen from the following table that, compared with the previous year, the 1952 figure was lower by 0.12%.

1947	...	...	...	...	21.53%
1948	...	...	...	...	20.85%
1949	...	...	...	...	17.02%
1950	...	...	...	...	18.72%
1951	...	...	...	...	19.08%
1952	...	...	...	...	18.96%

The latest available figure (1951) for the whole of England and Wales was 17.69%.

The undermentioned table shows the percentage and the number of defects found in each of the age groups of those children who underwent periodical medical examination :—

Group	1952			1951		
	No. of pupils		Percent- age	No. of pupils		Percent- age
	In- spected	Recommended treatment		In- spected	Recommended treatment	
Entrants	6,514	1,204	18.48	6,090	1,112	18.26
Second age group	4,241	874	20.61	4,090	850	20.78
Third age group ...	3,595	627	17.44	3,244	554	17.08
Other inspections	5,831	1,122	19.24	5,474	1,091	19.93
TOTALS ...	20,181	3,827	18.96	18,898	3,607	19.08

The fact that approximately one child in every five medically examined at school was found to be in need of treatment is significant of the continuing value of the school health service inasmuch as it ensures that treatment has been or will be obtained for any defect found. This result is based on a cross section of the school population but it should be emphasised that, although the defects found are usually minor and not causing serious disability or prolonged absence from school, they include conditions which are capable of developing into permanent and progressive disabilities far less amenable to treatment in adult life. The preventive aspect of the service is further emphasised by reference to figures in table II. A. which show that the defects marked for observation were more than twice as many as those recommended for treatment (6,868).

Nearly three-quarters of the defects found at periodic medical inspection as requiring treatment were those relating to the eyes, nose and throat and orthopaedic conditions. Perusal of the following table will show that the percentage of eye defects was slightly lower than in the previous year, whilst there was a small increase in the corresponding figures for orthopaedic and nose and throat defects.

	1952	1951
All defects recommended for treatment	4,306	4,132
Eye defects	1,490 (34.6%)	1,471 (35.6%)
Orthopaedic defects	1,119 (26.0%)	1,060 (25.6%)
Defects of nose and throat ...	576 (13.38%)	534 (12.9%)

General Condition.

At the time of periodic medical inspection, the examining medical officer assesses the general condition of the pupil he is examining and records his opinion as to whether it is “good” (A), “fair” (B), or “poor” (C). As the Chief Medical Officer of the Ministry of Education remarks in his report on “The Health of the School Child” for 1950/51, it is not easy to decide exactly what to look for in this “sizing up” of a child or to be sure of the category in which he or she should be placed. This fact should be borne in mind when comparing the figures in the following table. These indicate that the number of pupils found to have a “good” general condition has increased over the last five years from 24.43% to 45.09% and those with “poor” general condition have decreased from 9.51% to 4.36%. As mentioned in the report for 1951, these statistics are based on clinical

appreciation only by a number of medical officers whose standards perhaps vary from one to another.

Year	No. of pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
1948	19,906	4,864	24.43	13,148	66.06	1,894	9.51
1949	18,005	6,058	33.65	10,574	58.73	1,373	7.62
1950	18,858	7,163	37.99	10,259	54.40	1,436	7.61
1951	18,898	7,738	40.95	9,965	52.73	1,195	6.32
1952	20,181	9,099	45.09	10,203	50.55	879	4.36

In addition to those children undergoing periodic medical inspection, 18,714 children were included in special nutrition surveys. 794 of these were considered to have a poor general condition (4.2%), the corresponding figures for 1951 being 18,610 and 5.9% respectively.

Provision of Milk and Meals in Schools.

It is gratifying to note from the figure shown in the table below that there has again been an increase in the percentage of children having school meals. This may well have played a big part in the general all-round improvement.

As each additional school is being supplied with meals, the assistant county medical officers are making a comprehensive survey to ascertain, in detail, the actual improvement in the general condition of the pupils since receiving school meals.

	1952	1951
General Condition	%	%
% No. of pupils at periodic medical inspection whose general condition was :		
Good	45.09	40.95
Fair	50.55	52.73
Poor	4.36	6.32
School Meals and Milk on a day in October.		
% No. of pupils having meals in schools... ..	66.90	62.97
% No. of pupils having milk in schools	77.30	77.23
Extra Nourishment		
Quantities of main items supplied :-		
(i) Maltoline and Maltoline & iron (ozs.) ...	74,400	71,288
(ii) Virol (ozs.)	23,616	26,072
(iii) Cod liver oil & malt, cod liver oil & malt & iron (ozs.)	129,488	150,240
(iv) Cod liver oil (ozs.) ...	1,410	1,600
(v) Parrish's food (ozs.) ...	2,910	4,030
	231,824	253,230

No. of pupils in attendance in October, 1952			Meals			Milk	
			Free	Paid	% of those attending	1/3rd. pint free	% of those attending
Primary	37,780		1,682	22,664	64.44	37,047	84.82
Modern secondary & secondary grammar	8,571		440	6,177	72.07	3,745	43.68
Nursery	108		1	107	100.00	108	100.00
TOTALS	1952	46,459	2,123	28,948	66.90	35,900	77.30
	1951	44,883	2,007	26,258	62.97	34,702	77.23

Provision of Extra Nourishment.

The Committee's scheme, inaugurated in 1937 for supplying extra nourishment and medicaments to those children who are, on medical grounds, considered to need them, was continued during the year. It will be seen from the following table that there has been a further reduction in the amount of some of the preparations issued which is, no doubt, due to the improved general condition found at periodic medical inspections.

Preparation					Amount issued	
					1952	1951
Cod liver oil	...	...	...	(ozs.)	1,410	1,600
Halibut liver oil	...	...	...	(5 cc. phials)	110	95
Malt and cod liver oil	...	...	...	(16 oz. containers)	8,093	6,772
Malt, cod liver oil and Parrish's Food	...	...	...	(16 oz. jars)	—	2,622
*Maltoline	...	...	...	(8 oz. jars)	—	2,652
Maltoline and iron	...	..	...	(8 oz. jars)	9,300	6,271
Virol	...	...	...	(8 oz. cartons)	2,952	3,259
Parrish's Food	...	...	...	(ozs.)	2,910	3,360
Glucodin	...	...	...	(16 oz. packets)	236	170
Bemax	...	...	...	(3½ oz. packets)	100	108
Vitamin C Tablets	...	...	...	(bottles of 50)	47	47
Vitamin A and D capsules	...	...	...	(packets of 14)	903	1,007
Ostocalcium	...	...	...	(tablets)	1,700	—

* Discontinued by manufacturers July, 1951.

CLEANLINESS.

As in previous years, school nurses and health visitors visited, as part of their duties, each school at least once a term for the purpose of carrying out cleanliness inspections. The percentage of infestation based on the school population was 1.1. This figure has steadily fallen over the last few years, the comparable figure for the last year before the war (1938) being 3.9%. The Norfolk figure for 1952, although very slightly higher than that for the preceding year, compares favourably with the rate of 6% of school children in England and Wales who were found infested during 1951. While the rate of improvement leaves something to be desired, the downward trend in the percentage figure can be regarded with some satisfaction.

Treatment with a lotion containing D.D.T. has been continued and there is no doubt that the simplicity of application and rapid action of this modern treatment have done much to reduce the rate of infestation.

The following table gives a summary of the work carried out by school nurses and health visitors during the year:—

	1952	1951
No. of visits to schools	3,411	3,572
Average number of visits per school	7.3	7.7
No. of examinations conducted	253,318	247,771
No. of children found verminous	508	473
No. of children treated for verminous heads at minor ailments clinics	69	104

FOLLOWING-UP.

Following-up of school children found to be suffering from defects is an important part of the duties of the school nurse/health visitor and, during the year, visits were paid to the homes of many children who had been recommended for treatment.

Most hospitals are co-operating in the arrangements for the submission of information regarding diagnosis and after-care and this information is very useful to the assistant school medical officer, especially at the time of his inspections.

IV. TREATMENT OF DEFECTS.

HOSPITAL TREATMENT.

Generally speaking the arrangements made with the hospital management committees continued to function satisfactorily, adequate specialist treatment being available throughout the county.

CO-OPERATION WITH GENERAL PRACTITIONERS.

There was no change in the recommendations agreed between the British Medical Association and the Society of Medical Officers of Health in 1950 and adopted in this county whereby, with the exception of ophthalmic defects, the general practitioner's consent is always obtained before referring a child to a consultant for a second opinion or for treatment.

In February, a meeting between representatives of the Norfolk Local Medical Committee and members of the Council's medical staff took place at which arrangements for notifying parents and general practitioners of the results of periodic medical inspections were discussed. It was subsequently decided to make a slight modification in the existing procedure, which worked very well during the remainder of the year.

MINOR AILMENTS CLINICS.

The names and frequency of attendance of the medical officers and nurses at the 24 minor ailments clinics are included in the list on pages 35 to 36. During the year, an additional clinic was opened at Swaffham and clinics were transferred from school premises to local health offices at Nelson Street, King's Lynn, and Tanner Street, Thetford. It will be noted that the majority of clinics are attended weekly by the school nurses with the exception of that at King's Lynn where daily nurses' and weekly doctor's sessions are held. At other clinics, the doctor visits once a month.

During the year, 10,954 attendances were made at the minor ailments clinics, which is over 3,000 attendances fewer than in the preceding year. The main reason for this is, no doubt, that many of the children who formerly attended minor ailments clinics now consult their own doctors.

The need for clinics is kept under continuous review and any necessary revision in the frequency of attendance of the medical officer and/or school nurse is made from time to time. It should be mentioned that these clinics deal not only with minor ailments but act as a focal point for the doctor, nurse, parent and child, children being seen there who have been referred by the school doctor for further investigation or treatment.

A table showing the number of cases dealt with at these clinics is given below :—

Minor ailment, disease or defect of the	Individual cases dealt with at clinics.
SKIN :	
Ringworm—scalp	5
Ringworm—body	15
Scabies	2
Impetigo	85
Other skin diseases	435
EYES :	
(External and other, but excluding errors of refraction and squint)	256
EARS	104
MISCELLANEOUS	
(e.g. minor injuries, bruises, sores, chil-blains, etc.)	3,890
TOTAL	4,792

DEFECTIVE VISION.

Table II. A [Defect No. 5 (a)] on page 38 shows the number of defects of vision found at periodic medical inspection, the total number discovered being slightly higher than in the previous year. It is interesting to note that the percentage figure of 5.83 of those children medically inspected who had defective eyesight has not varied very much during the past few years. It should be mentioned that the number of children shown as recommended for treatment includes those found at previous inspections to be suffering from this defect and who were wearing glasses at the time of the last inspection.

The following table shows the number of eye defects found for which either treatment or observation was recommended at the time of the periodic medical inspection. Figures for 1951 are given for comparison :-

Defect	1952		1951	
	No. recom- mended for treatment	No. placed under ob- servation	No. recom- mended for treatment	No. placed under ob- servation
Defective vision	1,177	560	1,144	477
Squint	225	122	214	109
Other defects of the eyes ...	88	117	113	108
TOTALS	1,490	799	1,471	694

Children found to have visual defects or other eye conditions requiring treatment are referred to the undermentioned eye clinics and examined by ophthalmic specialists provided by the East Anglian Regional Hospital Board. The dispensing of, and repairs to, spectacles prescribed by ophthal-

mologists is carried out at present by local ophthalmic opticians. The responsibility for payment for repairs necessitated through carelessness devolves upon the Education Committee, with power to collect the cost of such repairs from the parents concerned.

During the year, 2,031 children were referred to eye specialists whose names appear below and spectacles were prescribed for 1,216 of them.

Address of Clinic	Specialist	Frequency of Clinic
Norfolk & Norwich Hospital.	P. H. Beattie, M.D., Ch.B., D.O.M.S.	Every Tuesday afternoon.
„ „	G. Maxted, M.D., B.S., F.R.C.S.	Every Monday afternoon.
„ „	W. E. Rutledge, L.R.C.P.I., L.R.C.S.I., L.M., D.O.M.S.	Every Friday afternoon.
West Norfolk & King's Lynn General Hospital.	R. H. Hucknall, M.B., Ch.B., F.R.C.S.(E), D.O.M.S.	Every Friday afternoon.
Cromer & District Hospital.	P. H. Beattie, M.D., Ch.B., D.O.M.S.	1st and 3rd Friday afternoons.
Thetford Hospital.	J. W. E. Cory, M.A., M.D., B.Chir.	1st and 3rd Tuesday mornings.

The period between the issue of a prescription and the supply of spectacles is now a very short one. The assistance which the hospitals give in completing the ophthalmic records for each child attending the clinics continued during the year and proved very useful.

ORTHOPTIC TREATMENT.

Orthoptic clinics for school children have been established at the Norfolk and Norwich Hospital, St. James' Hospital, King's Lynn, and Thetford Cottage Hospital. These three clinics were attended by a fully qualified orthoptist who gave such treatment as was recommended by the ophthalmic surgeon.

The following statistics have been supplied by the Hospital Management Committees concerned.

	West Suffolk General Hospital.	Norfolk & Norwich Hospital.	West Norfolk & King's Lynn Hospital.	Total
Number of cases treated				
by Orthoptist	29	203	78	310
Total number of attendances	183	707	800	1,690
Number discharged as im- proved or cured	5	30	16	51

DEFECTS OF EAR, NOSE AND THROAT.

During the year, 576 children were referred for treatment and 1,650 for observation for defects of the nose and throat. These figures compare with 534 and 1,824 respectively for 1951. As mentioned in last year's report, the modern attitude towards the treatment of these conditions is more conservative than in the past and it is considered more important to deal with a few

children who really need early treatment than to operate on large numbers, many of whom may be in no way in need of urgent treatment. All cases discovered at medical inspection as probably needing operative treatment are referred in the first instance to an ear, nose and throat surgeon at one of the hospitals so as to obtain his opinion before the case is put on the waiting list for in-patient treatment.

A list of hospitals to which children are referred for operative treatment is given below:—

Jenny Lind Hospital, Norwich.

Norfolk and Norwich Hospital, Norwich.

Great Yarmouth General Hospital, Great Yarmouth.

West Norfolk and King's Lynn General Hospital, King's Lynn.

North Cambridgeshire Hospital, Wisbech.

Addenbrooke's Hospital, Cambridge.

Cromer and District Hospital, Cromer.

The number of cases referred to specialists at the hospitals has been decreasing over the last five years, the number referred in 1952 being 298 as compared with 365 for 1951 and 430 for 1950.

It is unfortunately not possible to show the total number of children who actually received operative treatment during the year as complete information is not available from the hospitals concerned. The arrangements continued whereby children needing the second opinion of a specialist and/or treatment for other defects of the ear, nose and throat were referred to the appropriate clinic at the hospital. During the year, 73 children were so referred.

SKIN DISEASES.

In 1952, 171 children were referred for treatment and 251 placed under observation for diseases of the skin found at periodic medical inspection. Where a second opinion or special treatment was required, children were referred to one of the hospital skin specialists. Other cases were referred to the family doctor or treated at the minor ailments clinic or school by the medical officer or school nurse.

Woods lamps are kept at the Local Health Office, King's Lynn, and at the Public Health Department in Norwich. During the year, one of them was used for the ascertainment of ringworm amongst school children.

Minor ailments clinics continued to play an important part in the treatment of school children suffering from impetigo and other skin conditions of a simple nature. Children suffering from scabies were referred to their family doctor.

THREADWORM INVESTIGATION.

The Education Committee in December, 1950, authorised Dr. A. E. Brown, assistant county medical officer, to carry out a special investigation on the prevalence of threadworms amongst children between the ages of 5 and 10, one school being selected. An interim report was submitted in July, 1951, when it was agreed that in view of the success of the experiment this investigation should be extended to cover children attending two further schools in the area.

As a large amount of detailed work was involved final results are not yet available but the more important findings are given over.

The original scheme included the diagnosis, treatment and post-treatment assessment of a cross-section of the school population between the ages of five and ten and the undermentioned table shows the number of children whose parents consented to co-operate and the number who completed the successive stages of the survey.

No. on school registers for the three schools.	No. of consents obtained.	No. completing the nine diagnostic swabs.
551	450 (82%)	323 (59%)

Of the 323 children who completed the tests, 258 or 80% were infested and 65 or 20% negative. These figures are rather higher than previous research workers have found.

The analysis of findings with a view to determining any significant differences in heights and weights of infested and non-infested children has not yet been completed although the impression received so far is that there is unlikely to be any significant difference between the two groups taken as a whole.

I should like to take the opportunity of mentioning the great help which has been given in this survey by the head teachers of the three schools and, particularly, by Dr. Lynette M. Dowsett and her staff at the Public Health Laboratory, Norwich.

TUBERCULOSIS.

Any child found to be suffering or suspected to be suffering from tuberculosis is referred to the appropriate chest physician, who reports his findings to the family doctor and to the school medical officer. Copies of the reports are forwarded to the assistant county medical officer concerned.

During the year, 40 new cases were referred to chest clinics for special examination and 6 cases were referred back after having been discharged.

V. DENTAL TREATMENT.

The senior dental officer reports:—

Owing to the continued shortage of professional staff, the state of the school dental service for this authority still leaves much to be desired. Therefore any special remarks on the accompanying statistics would seem to be of minor value until this serious deficiency has been rectified. It is true that a dentist was appointed to the Thetford district in November, but this appointment was only of a temporary nature and will cease in April, 1953.

There are, however, two important points to which attention must be directed:—

- (1) The suggested offer to private practitioners of employment conditional on their working in the authority's clinics and with payment on a sessional basis produced no results, for, by the end of 1952, very little of a practical nature had emerged from it, the practitioners not being inclined to work elsewhere than on their own premises under National Health Service conditions.

In dealing with this matter it must be remembered that dental inspections on school premises are an obligation on the authority.

In any case, the number of dentists actually practising in the western half of the county (where a service is most urgently needed) would be insufficient to cause any noticeable improvement in the school dental service even should the above conditions be accepted.

The only satisfactory solution to this problem is the employment of a whole-time permanent staff, and this brings us to

(2) The question of housing.

In September, 1952, a whole-time dentist was appointed to the East Dereham district whose services proved most satisfactory. He was, however, unable to find suitable housing accommodation; and it was on these grounds that he terminated his appointment in the following December.

It is significant that a neighbouring authority, when offering such accommodation, immediately succeeded in filling its dental vacancies; and undoubtedly an advertisement which included the offer of the tenancy of a house would be read by potential applicants not only with interest but with result.

	Year 1952	Year 1951	Year 1950
1. Number of pupils inspected by dental officers:—			
(a) Periodic 	18,588	13,575	16,542
(b) Specials 	3,102	2,462	1,305
Total (1) ...	21,690	16,037	17,847
2. Number found to require treatment 	12,710	9,363	10,130
3. Number referred for treatment...	12,710	9,363	10,130
4. Number actually treated ...	8,527	6,991	7,790
5. Attendances made by pupils for treatment 	14,109	10,104	10,948
6. Half-days devoted to:—			
Inspection 	290	213	292
Treatment 	1,946	1,364	1,526
Total (6) ...	2,236	1,577	1,818
7. Fillings:—			
Permanent teeth 	6,690	3,223	3,992
Temporary teeth 	438	206	154
Total (7) ...	7,128	3,429	4,146
8. Number of teeth filled:—			
Permanent 	5,902	2,885	3,801
Temporary 	422	195	149
Total (8) ...	6,324	3,080	3,950
9. Extractions:—			
Permanent teeth 	1,745	679	1,044
Temporary teeth 	11,762	9,330	10,250
Total (9) ...	13,507	10,009	11,294
10. Administration of general anaesthetics for extraction	755	506	721
11. Other operations:—			
Permanent teeth 	3,725	1,944	2,515
Temporary teeth 	2,063	1,959	2,106
Total (11) ...	5,788	3,903	4,621

VI. HANDICAPPED PUPILS.

The 11 categories of handicapped pupils as defined by the Handicapped Pupils and School Health Service Regulations, 1945, remain unaltered. Through the co-operation of the hospital specialists, general practitioners, assistant county medical officers, head teachers, school nurses, school welfare officers and parents, notification is received of children considered to

be handicapped, so that arrangements can then be made, if necessary, for medical examination in order to ascertain the type and degree of handicap and the necessity for special educational treatment or otherwise.

The table set out below shows that the number of ascertainments was 140 less than the preceding year. The difference, it will be seen, was mainly due to fewer educationally subnormal children and those with multiple defects being ascertained.

						1952	1951
Blind	...	...	...	...	...	—	2
Partially sighted			...	...	...	2	1
Deaf	...	...	...	...	...	4	2
Partially deaf			...	..	...	7	9
Delicate		...	...	...	...	6	28
Diabetic		...	...	...	...	—	—
Educationally subnormal			...	...		153	241
Epileptic		...	...	...	...	3	7
Maladjusted		...	...	...	...	24	25
Physically handicapped			...	...		32	29
Defective speech			...	...	...	178	166
Multiple defects			...	...	...	33	72
						—	—
			Totals	...	...	442	582
						—	—

Although during 1952 two additional members of the medical staff (Dr. J. H. F. Norbury and Dr. J. Hamilton, assistant school medical officers) were approved as ascertaining medical officers for educationally subnormal pupils, the total number at the end of the year was the same as that for 1951 due to the resignations of Dr. W. R. Clayton Heslop, temporary consulting medical officer, and Dr. W. W. Sinclair, senior medical officer.

SPECIAL EDUCATIONAL TREATMENT.

There are three ways in which special educational treatment can be provided, viz. in a special school (day or residential), in the ordinary school, or at home. The number of pupils (225) in special schools and hostels, as shown in the first two columns of the following table shows a slight increase over the preceding year. Out of this total, 123 were in the Education Committee's special school for educationally subnormal children at Sidestrand Hall and at the two hostels for maladjusted children (Colne Cottage, Cromer, and Morley Hall). Unfortunately, there is still a large number of educationally subnormal children (over 700) who were attending maintained schools and who needed special educational treatment. The education of educationally subnormal children was thus the biggest problem numerically.

Categories	In res. or day spec schools (incl. hostels)		In maintained schools		In independent schools		Not at school		TOTALS		1952 grand totals	1951 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind	1	2	2	—	—	—	—	—	3	2	5	5
Partially sighted	7	4	4	6	—	—	—	—	11	10	21	21
Deaf	13	19	2	2	—	—	4	1	19	22	41	39
Partially deaf	5	6	12	9	—	—	—	—	17	15	32	25
Delicate	2	3	48	32	—	—	—	1	50	36	86	90
Diabetic	1	1	—	—	—	—	—	—	1	1	2	4
E.S.N.	41	31	503	165	3	—	7	2	554	198	752	730
Epileptic	3	5	3	2	—	—	1	1	7	8	15	13
Maladjusted	22	8	20	8	—	—	2	—	44	16	60	52
Physically handicapped	5	4	36	26	—	—	15	6	56	36	91	85
Speech defects	1	—	264	94	3	1	12	6	280	101	381	306
Multiple defects	23	18	99	29	1	—	6	2	129	49	179	181
TOTALS 1952	124	101	993	373	7	1	47	19	1171	494	1665	—
1951	127	93	908	355	8	1	38	21	1081	470	—	1551

The table shown above does not include the 15 Norfolk children receiving special education at the Melton Lodge Orthopaedic Hospital or the 6 at the Children's Sanatorium, Holt.

Although treatment at these two hospitals is provided by the Regional Hospital Board, responsibility for special education falls upon the Great Yarmouth and Norfolk Education Committees respectively.

Of the 57 deaf, partially deaf, blind and partially sighted children shown as at residential special schools, 53 were at the East Anglian School, Gorleston-on-Sea.

Although there is no special school provided at the moment for delicate children, the Committee has under consideration the purchase of property on the coast with a view to providing accommodation for 60 delicate and physically handicapped children.

(a) **Sidestrand Hall.**

This school for educationally subnormal children, which has now been open for over 2 years, accommodates 88 boys and girls between the ages of 7 and 16.

There has been no change in the arrangement whereby one of the senior medical officers visits the school for the purpose of carrying out a periodic medical inspection of all pupils, and the relative statistics are included in the tables on pages 37 to 42. The school dental surgeon also visits for the purpose of inspecting the pupils' teeth, any necessary treatment required being carried out at the Cromer dental clinic.

In addition to the routine medical inspection, the senior medical officer visited the school with the educational psychologist for the purpose of reviewing borderline and other cases to determine whether the children were making satisfactory progress.

(b) Colne Cottage Hostel, Cromer.

This hostel for maladjusted pupils which was opened in September, 1949, was re-organised on the opening of the Morley Hall Hostel in September, 1952, to accommodate 8 girls of all ages and 16 boys under 11. The average period of stay was 13 months and, at the end of the year, 23 children were resident including 2 sent by other authorities. The arrangements whereby the consultant psychiatrist, the senior medical officer and educational psychologist visited at monthly intervals continued.

(c) Morley Hall Hostel.

This hostel was opened on the 8th September, 1952, to accommodate 34 boys over 11. As at Colne Cottage, a monthly conference is held. The number of children resident at the end of 1952 was 26, including 12 children sent by other authorities.

HOME TUITION.

Under Section 56 of the Education Act, 1944, the local education authority has power to make special arrangements for any child to be educated, either whole-time or part-time at home.

29 children received home tuition during the year as against 20 during the previous year. Most of those concerned suffered from severe physical handicaps. Generally speaking, children provided with home tuition are either awaiting a place in a residential special school or are children for whom no other special educational treatment is appropriate.

CHILD GUIDANCE CENTRES.

Child guidance centres, which now form such an important integral part of the school health service, are of comparatively recent origin in this country. In Norfolk the first centre was held in Norwich in October, 1943. No figures are available as to the number of children treated during the first fifteen months but during 1945 eight centres were held at which 16 maladjusted children were examined.

Over the past nine years or so this service has continued to expand and there is no doubt that the preventive and curative work carried out during that time, has been of inestimable value as judged by the percentage of successes legitimately claimed at the termination of treatment. It should be mentioned, however, that the permanent results cannot fully be assessed until later on in the life of the individual concerned.

STAFF.

The psychiatric team employed in the child guidance service during the year consisted of Dr. J. V. Morris, consultant psychiatrist to the Regional Hospital Board, Mr. R. A. Thomson, educational psychologist, and up to the 14th October, Dr. W. W. Sinclair, senior medical officer, Dr. A. B. Guild acting in this capacity for the remainder of the year. In addition, Miss Joanna Buxton, mental health worker, assisted in carrying out most of the domiciliary social work arising out of the treatment of maladjusted children. Her successor, Mrs. J. M. Grubb, commenced duty on the 6th October and carried out similar duties.

Organisation of Centres.

By the end of the year, regular centres had been established at Norwich, King's Lynn, Cromer and Swaffham, and it will be seen from the table that 22 additional sessions were held as compared with the previous year. The only new centre was opened at St. John House, Swaffham, where a session was held once monthly. The attendance, however, was rather less satisfactory than at the other centres.

It has been possible to keep abreast with all new cases referred, this being important as any undue delay between the date of recommendation and treatment often proved unsatisfactory.

In addition to seeing new cases and recalls, parents of children who had been admitted to one of the Committee's hostels were often interviewed on their own by the psychiatric team. Children were also seen after their discharge from hostels.

The educational psychologist followed up child guidance cases in the schools and this branch of his work was again much appreciated by all those engaged in the child guidance service.

The main sources of reference were :—

School medical staff	...	...	...	...	...	38%
General medical practitioners and hospital specialists...						33%
Chief Education Officer and his staff (including head teachers)	...	...	...	...	...	16.5%

Of the reasons for reference, behaviour and emotional difficulties, as in the previous year, formed the greatest proportion (viz. 64%).

Results following diagnosis and treatment.

The results of the treatment of the 151 new cases and 49 cases brought forward from the preceding year are shown on pages 23 and 24. Approximately 36% of all the cases seen during the year were cured or greatly improved, 38.5% were still under treatment at the end of the year and 30% of all the cases were recommended for in-patient treatment in a hostel for maladjusted children.

No. of centres held	No. of visits to homes, etc.	No. of new cases seen	No. of examinations carried out	Total individual pupils seen
89 (67)	5 (9)	151	281 (225)	200 (178)

(Comparable figures for 1951 are shown in brackets).

The examinations were carried out as shown in the following table :—

	Norwich	King's Lynn	Cromer	Great Yarmouth	Swaffham	Patients' Homes
(a) No. of sessions held during the year ...	50	21	10	—	8	—
(b) No. of examinations carried out ...	155	75	29	2	15	5

SUMMARY OF WORK.

Cases brought forward from previous year ...	...	...	49
New cases referred during the year ...	...	...	151
			200
Number of cases discharged for reasons given below			53
Number of cases carried forward to next year ...			147
			200

ANALYSIS OF NEW CASES REFERRED.

Sources of reference:—

School medical staff ...	...	...	...	...	...	58
Chief Education Officer and staff (including head teachers of schools) ...	...	...	...	...	...	25
General medical practitioners ...	...	...	...	...	...	31
Hospital specialists ...	...	...	...	...	...	19
Superintendent Nursing Officer ...	...	...	...	...	...	1
Probation Officer ...	...	...	...	...	...	10
Local welfare officers ..	...	...	...	...	...	1
Children's Officer ...	...	...	...	...	...	5
Parent ...	...	...	...	...	...	1
						151

Reason for reference:—

Behaviour difficulties ...	...	...	...	...	...	55
Emotional difficulties ...	...	...	...	...	...	42
Incontinence of urine or faeces ...	...	...	...	...	...	27
Educational difficulties caused by psychological disturbances						18
Epilepsy ...	...	...	...	...	...	3
Follow-up of children discharged from hostels for maladjusted children ...	...	...	...	...	...	2
Advice as to mental deficiency ...	...	...	...	...	...	4
						151

Disposal of cases (including cases from previous years):—

Adjusted ...	...	...	...	...	32	}	53
Recommended for admission to residential school for educationally subnormal children (Sidestrand Hall) ...	...	...	...	...	3		
Recommended for other special educational treatment ...	...	...	...	...	4		
Recommended for action under Section 57(3) or 57(5) of the Education Act, 1944...	...	...	...	...	5		
Moved from area ...	...	...	...	...	4		
Unco-operative ...	...	...	...	...	5		

Disposal of cases (including cases from previous years)—continued :—

Greatly improved	40	}	147
Recommended for admission to hostels for maladjusted children (Colne Cottage, Cromer, and Morley Hall, Wymondham)	26		
Recommended for temporary hospital treatment ...	2		
Still under treatment	79		

SPEECH THERAPY.

With the appointment of a third speech therapist, who commenced duty on the 11th February, the county was divided into three areas and eight additional clinics were opened. The total number of children treated during the year was 392, 107 more than in the previous year. The table on page 24a gives an analysis of the work carried out by the speech therapists. It is pleasing to note that 58 children were discharged as achieving normal speech or greatly improved. A number of children (26) whose parents did not co-operate in seeing that their children attended the speech clinics were discharged; many of them failing to keep appointments owing to difficulties in transport. As the service extends and additional speech therapists are appointed, the number of non-co-operators for this reason should diminish with the opening of new clinics in areas not at present conveniently served by public transport.

As in the previous year, 2 children living in the vicinity of Great Yarmouth, who found it difficult to attend the nearest speech clinic in the county, were seen by the speech therapist at the Great Yarmouth Borough clinic by arrangements made with that local education authority.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

	Male	Female
No. of children found incapable of receiving education in school (Section 57(3) Education Act, 1944)	16	13
No. of children found to require supervision on leaving school (Section 57(5) Education Act, 1944)	37	18
No. of children found to be unsuitable for education in association with other children (Section 57(4) Education Act, 1944)	1	—
Totals	54	31
	85	

In five cases, parents exercised their statutory right of appeal to the Ministry of Education against the decision to notify a child in accordance with Section 57(3) of the Education Act, 1944. Three of these appeals were unsuccessful, in one case the decision to notify was deferred, and the remaining case was still pending at the end of the year.

SPEECH THERAPY

Statistics for Year Ended 31st December 1952

TREATMENT AT CLINICS																										
	Acle (from 4th March)	Aylsham (from 27th February)	Cromer	Dereham	Diss	Downham Market	Fakenham	Heacham (from 29th February)	King's Lynn	Litcham	Loddon	Melton Constable (from 12th March)	North Walsham	Norwich	Old Buckenham	Stalham	Swaffham (from 24th April)	Terrington (from 27th February)	Thorpe	Watton	Wells (from 7th March)	Wymondham	Sidestrand Hall (from 25th February)	Treatment at Home or School	Grand Total	
Total No. of sessions held	39	38	45	43	46	44	43	34	136	39	43	39	44	191	41	41	30	36	47	43	38	34	45	32	—	1211
Total No. of cases :—																										
On register at beginning of year	—	—	9	6	10	6	4	—	23	8	4	—	9	29	6	7	—	—	3	7	6	—	5	—	12	154
Added during year	12	13	21	10	10	16	9	13	31	—	5	16	19	33	12	4	8	15	8	11	2	10	2	9	12	307
Treated during year	10	12	18	15	16	15	11	10	39	8	9	14	21	60	17	11	7	9	11	15	7	9	7	24	392	
Discharged	5	5	7	5	6	2	3	—	9	3	4	4	4	19	4	3	4	1	5	6	5	6	1	6	6	117
Remaining at end of year :—																										
Under treatment	5	7	11	10	10	13	8	10	30	5	5	10	17	41	13	8	3	8	6	9	10	3	6	9	18	275
Awaiting admission	2	1	12	1	4	7	2	3	15	—	—	2	7	2	1	—	1	6	—	—	2	1	—	—	—	69
Analysis of all cases treated during year :—																										
1. Stammering	4	6	4	1	6	7	3	2	12	—	—	2	6	13	1	4	3	1	3	5	7	4	2	—	3	99
Defects of Articulation :—																										
(a) Dyslalia	2	4	6	10	6	6	2	5	11	5	7	10	7	32	10	4	1	7	6	6	5	4	5	3	10	174
(b) Signatism	2	1	3	1	2	—	—	—	3	—	1	2	1	8	1	1	—	—	—	3	1	—	—	1	2	33
(c) Rhinolalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—	—	—	—	—	—	—	4
due to (i) Cleft Palate	1	1	2	—	2	1	2	—	2	—	—	—	—	3	3	—	2	1	1	—	—	—	—	1	—	22
(ii) Nasal obstruction	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	2	—	7
(d) Dysarthria	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
3. Aphasia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Defective speech due to :—																										
(i) Subnormal mentality	—	—	—	2	—	—	—	—	2	2	—	—	1	2	1	—	—	—	—	—	—	—	—	—	—	1
(ii) Deafness	—	—	1	—	—	1	2	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	5
5. Retarded speech development	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
6. Dysphonia	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
7. Multiple defects	1	—	—	—	—	—	1	1	6	—	1	—	3	—	—	—	—	—	—	—	1	1	—	1	3	19
Analysis of cases discharged :—																										
No. of children discharged during year who :—																								Total		392
1. Achieved normal speech	2	2	4	3	2	—	—	—	5	1	2	2	1	8	2	—	—	1	1	3	1	4	1	—	2	47
2. Were greatly improved	1	—	1	1	—	1	1	—	1	—	—	—	1	2	—	1	—	—	1	1	1	—	—	—	—	11
3. Showed some improvement	—	—	2	—	1	1	1	—	2	—	—	—	1	6	1	1	2	—	3	2	1	—	—	2	2	26
4. Showed little or no improvement	2	3	—	1	3	1	2	—	1	2	2	2	1	3	1	1	2	—	—	—	2	2	—	2	2	33
No. of cases discharged during year :—																										
(a) No further treatment required	2	2	4	3	2	—	—	—	5	1	2	2	1	8	2	—	—	—	1	3	1	4	1	—	2	47
(b) Non co-operation of parents	2	2	1	1	3	—	1	—	2	—	—	—	1	3	—	2	—	—	2	—	2	—	—	—	—	26
(c) Left district	1	—	—	1	—	1	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	15
(d) Left school (over age)	—	—	1	—	—	—	2	—	2	—	—	—	—	2	—	1	—	—	2	2	2	—	—	—	—	12
(e) Transferred to other speech clinic	—	1	1	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	10
(f) Unsuitable for speech therapy	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	2	—	—	—	—	1	—	—	2	7
Total																										

HEART CLINICS.

The special heart clinic for Norfolk school children, which is held at the Jenny Lind Hospital, continued throughout the year. This clinic served a very useful purpose. Children who were found to have any abnormal condition of the heart were referred to this clinic by the medical staff and the heart specialist's recommendations were communicated to the parent and the school, any restrictions on activities being notified at the same time.

Number of clinics held	...	...	40
Number of examinations made	...	...	209
Number of new cases	...	...	31

VII. PHYSICAL EDUCATION.

The Organisers report as follows:—

1. General.

A notable event during 1952 was the publication by the Ministry of Education of ' Moving and Growing ', the first part of the new syllabus of Physical Education for Primary Schools. To many, the publication of a new syllabus may not seem to be of particular interest, but this is no ordinary book. It is addressed to parents as well as to teachers, and the text is skilfully amplified by many excellent photographs, which, in themselves, speak volumes. It is sincerely hoped that teachers will bring this publication to the notice of school managers, parents and friends. The second part of the syllabus will, it is understood, deal with the practical issues of the school curriculum.

2. Primary Schools.

(a) School Visits.

School visits have continued regularly and the importance of the daily activity period has been stressed continually. The response from the teachers has been most encouraging and their steady and systematic work has created a lively interest in many branches of physical education.

(b) Accommodation.

The effect of the rise in the birth rate in recent years is already evident in the primary schools; classes are larger, and space is more limited in consequence. It is very gratifying to report that playground conditions have steadily improved, and vastly improved washing facilities are now available in the majority of schools.

Whilst these good features are of inestimable value, it cannot be said that indoor facilities adequate for suitable physical education in the winter months are available in more than a minority of the primary schools. Where new schools are opened, excellent facilities are provided for both indoor and outdoor activity, but there is yet much to be done before the vast majority of our primary school children can participate in really active work anywhere except out-of-doors, and in some schools, even the playground area is still inadequate.

(c) Equipment.

While the requisition capitation allowance for small kit (balls, ropes, etc.) and games apparatus (balls, bats, etc.) has been maintained at the same level as last year, the continued need for economy has prevented the re-introduction of special grants for the purchase of games and field and other large apparatus. The capitation allowance is adequate for the larger schools but it is hoped that it may soon be possible to grant a more generous allowance to the very small schools, especially those where the large age range coupled with the small numbers on books constitutes a double handicap.

The Ministry of Education's new syllabus envisages the use of climbing equipment for children under eleven years of age, but through the urgent need for economy the provision of this type of equipment to existing schools has ceased, although there are still many schools without any form of agility apparatus, and the supply to new schools has been curtailed.

3. The Secondary School Age Group.

(a) Programme and Accommodation.

The Secondary Grammar, Modern, and Area Schools have established an interesting and varied programme of physical education, and the work is carried on under reasonably good conditions. Many of these schools, however, have no shower baths and very inadequate changing facilities, and some have not the necessary indoor/outdoor accommodation for all types of work. In spite of the varying handicaps, progress has been maintained through the enthusiasm of the staff and children, and much credit is due to all concerned.

Perhaps even more credit should be given to those teachers and children of the secondary school age who are still confined to the units known as the 'All-Standard' schools. Under extremely inadequate conditions, with work almost entirely limited to playgrounds and rough fields, the physical education programme is carried on with considerable diversity and much success. Both in games, athletics and dancing, these children have made very real progress. The valiant efforts of the teachers, under very real, and sometimes almost insuperable difficulties, will bear good results when the development plan is more fully implemented.

(b) Equipment.

Although equality of opportunity does not at present exist so far as facilities are concerned, the continued requisition allowance for small kit,

together with grants towards travelling expenses for inter-school games has done much to alleviate conditions. A more generous grant to allow of the purchase of more and better quality athletic and games kit, will be most welcome when again possible, and will ultimately do much to remove existing discrepancies.

(c) School Holiday Camps.

Two holiday camps were again organised at the Holt Hall Camp Site during August, when one hundred and sixty girls and boys had an opportunity of living under canvas. On both Open Days large numbers of parents were present and were addressed by the Chairman of the Education Committee, County Alderman Sam Peel, J.P. The initial provision of camp equipment has proved of inestimable value and the camps are now self supporting.

4. Swimming.

Regular instruction in swimming has been given wherever facilities exist, although these are unfortunately limited to six centres:—Hunstanton, King's Lynn, Thetford, Watton, Wymondham and Great Yarmouth (the latter through the continued co-operation of the Great Yarmouth Corporation and Education Committee).

A total of 50 schools was included in the swimming scheme and 4,230 children received instruction. The County Swimming Tests are evidence of the steady progress made and a larger number of Certificates, 1,775 have been awarded to successful candidates in all sections. (Beginners 591: Distances 956: Proficiency 228).

5. Dancing.

The inclusion of dancing as part of the regular weekly programme has become a generally accepted principle, and even where indoor facilities are limited, much good work has been done. The Dance Festivals organised at 26 Centres have continued to receive the whole-hearted support of Head Teachers and staff. The value of dancing in training ease of movement and good carriage is readily observed, but it is particularly pleasing to note the increasing confidence, poise and self discipline not only of the older girls, but also of the younger girls and boys of primary school age. The Festivals were attended by 1,500 senior girls from 66 schools, and by 2,058 junior girls and boys from 140 primary schools, and some 465 Teachers were also present.

6. Games.

Games and games training for all ages of children form an important part of the curriculum and every effort should be made to encourage a love of the open air and allied pursuits. The simple skills of the Infant and

Junior children have been developed, and progress in the major games for senior pupils has been evident. An increasing number of All-Standard and Secondary schools have arranged inter-school matches and the continued grants towards travelling expenses have been of material benefit.

The Inter-Schools Girls' Tournaments this year have been limited to netball when some 364 children were entered to represent 52 schools.

7. Norfolk County Schools' Athletic Association.

Through the kind co-operation of the Great Yarmouth Corporation and Education Committee, the thirteenth meeting of the Association was held at the Wellesley Recreation Ground, Great Yarmouth. The 297 affiliated schools from the 22 Districts were represented by 981 competitors, and the Trophies, which were presented by the Mayor of Great Yarmouth, were awarded as follows:—

Fermoy Trophy	...	...	Diss District.
Colman Trophy	...	...	Downham District.
Moore Trophy	...	...	Hingham and Watton District.
Schools' Trophy	...	...	Hingham and Watton District.

The Quadrangular Contest between teams from Norfolk County, Great Yarmouth, Norwich and King's Lynn was subsequently held at King's Lynn. Two County children and five King's Lynn children were selected to attend the All England Meeting and one Standard medal was gained.

8. Training of Teachers.

- (a) It is pleasing to report that contact has been maintained with a large number of Head Teachers and staff from all types of schools, at the Teachers' Meetings which have been arranged to deal with varying aspects of work. Meetings have been held at 46 centres and were attended by 1,022 teachers representing 410 schools.
- (b) A week-end course for the women specialist teachers of physical education was attended by 27 staff.
- (c) In co-operation with the Norfolk County Cricket Association, coaching sessions were arranged at Norwich and King's Lynn and some 60 teachers representing 50 schools were present.
- (d) A six-session course in the teaching of Country Dancing in schools was arranged at King's Lynn and some 45 members made regular attendances.

9. Physical Recreation.

It is perhaps in this sphere that the least progress has been possible. Public opinion is aroused by the lack of facilities for young people, but there is an even more urgent need for courageous and energetic leaders, who can inspire the adolescent leaving school to join some form of healthful recreative activity, and, more particularly, out-door pursuits.

Voluntary Associations have done good work in this respect, **but** have unfortunately touched only the fringe of the problem. There must be many men and women, who, by reason of their training and knowledge, could interest club members, and offers of assistance of all kinds would be welcomed throughout the County.

There are, of course, numbers of young people unattached to any Voluntary Organisation. Many of these boys and girls were 'moving spirits' in the sports life of their schools a very short time ago, and it is to be hoped that they may be induced once again to be participants in, rather than be merely spectators of, physical activities.

The Further Education classes of physical activities have this year numbered 148 at 85 Centres.

In co-operation with the Central Council of Physical Recreation a two-session course on the teaching of Old Time Dancing was arranged at Hellesdon and 24 members were enrolled.

10. Conclusion.

The Organising Staff would like to record their sincere appreciation of the interest and ever-ready co-operation of the teachers. Their goodwill and loyal support have been most encouraging, and although there are ever-widening developments taking place both in the content of the work and the method of presentation, there need be no fear of the future.

M. W. SEGGER.
JAS. WILKINSON.

VIII. ORTHOPAEDIC TREATMENT.

As mentioned in last year's annual report, it is not possible to give detailed information concerning the orthopaedic service, which is now the responsibility of the hospital management committees. As in the previous year, all cases needing orthopaedic treatment were referred to the secretary of the orthopaedic service at the hospital concerned who was responsible for making the necessary appointments for the children, either to see the orthopaedic surgeons or the physiotherapists. Reports of the surgeons' diagnoses and children's progress were received from time to time

IX. INFECTIOUS DISEASES.

The following table gives details of school closures on account of infectious diseases during the year under review, with the figures for the previous year for comparison:—

Name of disease	No. of closures		No. of school days closed	
	1952	1951	1952	1951
Scarlet fever	2	1	9	6
Measles	10	9	51½	66½
Influenza, coughs & colds	12	112	49	469½
Dysentery	1	—	13	—
Poliomyelitis	1	—	1	—
Whooping cough ...	—	3	—	21½
TOTALS ...	26	125	123½	563½

Swabbing of School Children.

The swabbing of school children for scarlet fever has been carried out on a modified scale throughout the year, except for a period in the autumn when scarlet fever outbreaks at five large centres of school population were investigated intensively. Otherwise the figures would have been comparable with those for the previous year.

In the table given below, details will be found of swabbing carried out and the results revealed by examination of the swabs.

	No. of swabs taken		No. with haemolytic streptococci					
			Present in nose		Present in throat		Present in nose and throat	
	1952	1951	1952	1951	1952	1951	1952	1951
Class contacts	1,838	584	40	15	149	82	30	9
Home contacts	349	97	15	4	39	16	7	3
Absentee contacts	38	10	33	—	58	3	16	—
TOTALS	2,225	691	88	19	246	101	53	12

X. DIPHTHERIA IMMUNISATION.

Arrangements for the primary immunisation of school children and for reinforcing injections to those previously immunised have been continued. Thanks are expressed to the school teachers for their co-operation in this scheme and for their efforts to secure the consent of parents to this important preventive measure against diphtheria.

During the year 895 children between the ages of 5 and 9, and 181 between the ages of 10 and 14, were immunised for the first time, and 5,159 children were given reinforcing injections.

At the end of the year 43,449 (79.58%) of the estimated school population of 54,600 had been immunised. Only one case of diphtheria occurred in the county during 1952.

XI. SANITARY SURVEY OF SCHOOLS.

The sanitary survey of schools was continued throughout the year, but, as indicated in the last annual report, inspections were mainly concentrated on the survey of drainage facilities and water supplies, owing to the restrictions on expenditure.

During the year, 225 schools in seven rural districts were surveyed and reports prepared showing where co-operation could effectively take place between the Rural District Councils and the Education Committee in the provision of both water supplies and drainage facilities. In some instances, use has been made of existing council house supplies and, in a few instances, district councils have been able to utilise existing bores at school premises.

At the same time, 147 defects have been referred to the Chief Education Officer and the Education Committee has already dealt with 126 of these. The following table indicates the defects concerned.

				Defects referred.	Defects attended to.
Playgrounds	...	...	...	1	1
Closet accommodation	...	...	...	47	40
Washing accommodation	...	...	...	27	18
Water supply	...	...	...	21	21
Disposal of refuse	...	...	...	13	11
School buildings	...	...	...	9	9
Canteens	...	...	...	5	3
Drainage	...	...	...	24	23

The limitations on expenditure prevented all defects being remedied and some had to be postponed.

92 water samples from schools were submitted for bacteriological examination and 26 for chemical analysis, and, where necessary, recommendations to boil the water before use for drinking purposes were made. In such instances, every endeavour was made to arrange for an alternative suitable supply, and this was effected in many cases by co-operation with District Councils.

XII. SCHOOL MEALS SERVICE.

As in other years, various items of food reported to be unfit for human consumption were examined and, in many cases, condemnation was necessary on account of deterioration due to dampness and/or mould growth.

The following table indicates the foodstuffs found to be unfit and destroyed during the year:—

1	gallon tin apricots.
6	tins baking powder.
46	lbs. beef.
1	lb. cereal.
1	lb. cornflour.
13 $\frac{1}{4}$	lbs. dried peas.
205	lbs. dried milk.
6	lbs. flavouring.
14	lbs. gelatine.
1	lb. jam.
2	lbs. kidney.
1 $\frac{1}{2}$	lbs. macaroni.
$\frac{1}{2}$	tin mustard.
4	lbs. tinned pineapple.
11	Kilner jars plums.
4	lbs. semolina.
4	pkts. spice.
1	lb. tapioca.

Milk in Schools Scheme.

During the year, routine samples of milk were taken from schools supplies and submitted, in the case of raw milk supplies, to the methylene blue examination and, in the case of pasteurised supplies, to both the phosphatase and methylene blue tests. 378 samples of raw milk were examined and 58 failed to satisfy the methylene blue examination. All failures were referred either to the County Milk Regulations Officer in respect of supplies from producer-retailers or to the appropriate District Council in the case of raw supplies from retailers only. Of 246 samples of pasteurised milk submitted to the phosphatase test, 13 proved unsatisfactory, and of 237 submitted to the methylene blue examination 25 failed the test. In all instances appropriate investigations were carried out at the pasteurising plants concerned. School milk supplies were also examined biologically for the presence of tubercle bacilli each term and it is pleasing to note that all results were negative.

On the 31st December, the milk supplies of the various schools in the county were classified as follows:—

Tuberculin tested (bottled)	...	...	...	...	242
Tuberculin tested (bulk)	...	...	...	...	13
Pasteurised (bottled)	...	...	...	...	204
Accredited (bottled)	...	...	...	...	7
Accredited (bulk)	...	...	...	...	2
Non designated (bottled)	...	...	...	...	3
Non-designated (bulk)	...	...	...	...	5
Total					476

It is gratifying to note that every school now has a supply of liquid milk and it is hoped that the time is not too far distant when all school supplies will be either tuberculin tested or pasteurised. Unfortunately, this

is not particularly easy in the more remote areas of the county where the number of tuberculin tested supplies is restricted and the slight margin of profit, if any, attached to school supplies proves a deterrent.

XIII. REMAND HOMES.

Medical supervision at the remand homes continued on the lines mentioned in previous reports. Examination of admissions and discharges was carried out by medical officers from headquarters and a general practitioner attended as required in cases of sickness.

There was no outbreak of infectious disease at either home during the year.

Special reports for the guidance of magistrates were submitted by the consultant psychiatrist on 21 boys.

Co-operation with the children's officer was maintained. At the end of March, the girls' home was closed and each contributing authority was advised to make its own arrangements with the Bedfordshire County Council for the use of Leagrave Hall Remand Home, Luton, for the reception of female delinquents.

XIV. CHILDREN'S HOMES.

The Administration of Children's Homes Regulations, 1951, requiring the appointment of a medical officer for each Children's Home run by the local authority, are being implemented in Norfolk. The Regulations provide with regard to medical inspection that every child is examined on admission to a Children's Home or Nursery and at certain specified intervals, depending on the age of the child, and on discharge.

Individual medical records are kept at each Children's Home and general practitioners are appointed so as to be available in case of illness.

At the end of the year there were nine Children's Homes supervised by assistant county medical officers.

In addition to examining the children in the Homes, assistant county medical officers supervise generally the health of the children and hygienic conditions of the premises and advise when there is any outbreak of infection.

The dental officers also visit to inspect the children's teeth and facilities are available for treatment in most parts of the county.

XV. NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

For the last seven years, the Institute of Child Health (University of London) and the Population Investigation Committee have been following the health, growth and development of 6,000 children in all parts of Great Britain born in one week in March, 1946.

In March, 1952, a survey was carried out of some 46 children who were of school age. The work involved medical examination and the completion of a comprehensive medical report form. In addition, the school nurses and health visitors completed a form giving certain information relating to social history, etc.

The Joint Committee have decided to continue the enquiry throughout the primary school period and to arrange for these children to be examined by the school doctor at the ages of seven, nine and eleven.

XVI. MISCELLANEOUS.

School Leavers—Medical Reports.

In order to prevent a school leaver who suffers from any disability taking up employment which may affect his or her health, the assistant school medical officers are asked to complete a special certificate for the information of the Youth Employment Officer, specifying which forms of employment are unsuitable in view of the child's condition.

Some pupils about to leave school may, of course, be handicapped to such an extent that they are entitled to the special facilities provided under the Disabled Persons (Employment) Act, 1944, and it is of the utmost importance that a special certificate is completed.

The information obtained under these arrangements is regarded as strictly confidential and the report is not available for the information of the employer or prospective employer, although they are informed in general terms of the nature of the disablement and its effect upon employability. Where, however, it appears desirable or necessary that the employer should be told of the jobs which the young person ought not to do, either in the interests of his own health or for reasons of public safety, the Youth Employment Officer may disclose this information.

Transport of Children to and from School.

Normally transport is not provided for children living within two miles of school in the case of children under 8, or three miles in the case of children over this age. In certain cases, where on medical grounds it is considered the provision of special transport is essential, this rule does not apply.

During the year, 115 children were examined by the medical staff and recommended for transport on medical grounds.

Convalescent Home Treatment.

Although the provision of convalescent home treatment for children does not come within the provision made for handicapped pupils, in cases where it is considered that a child would benefit from a short period at a convalescent home, a recommendation is made to the Committee.

During the year, three children spent a period in the Hunstanton Convalescent Home at the cost of the Committee.

Holiday Camps for Diabetic Children.

The majority of diabetic children seldom, if ever, have a holiday, as parents are not anxious to take them away from home, and hotel and boarding house keepers often do not make special provision as to diet for them. To meet this need, the Diabetic Association, in conjunction with several local authorities, set up in 1952 three holiday camps for diabetic children of school age in England and Wales.

Two Norfolk children were admitted to a camp at Pateley Bridge, Yorkshire, for a fortnight's stay, the Committee accepting responsibility for their maintenance and travelling expenses.

SCHOOL HEALTH SERVICE.

LIST OF CLINICS.

Name and address of clinic.	Type of treatment provided	Frequency of session.
ACLE Methodist Chapel	Speech therapy.	One session weekly.
AYLSHAM Ian Sears Clinic	Dental. Minor Ailments. Speech therapy.	Two sessions weekly. Two sessions monthly. One session weekly.
OLD BUCKENHAM C.P. School	Dental. Minor Ailments. Speech therapy.	When specially arranged. One session weekly. One session weekly.
CROMER Local Health Office, Norwich Road	Child Guidance. Dental. Minor Ailments. Speech therapy.	One session monthly. Two sessions weekly. Two sessions monthly. One session weekly.
EAST DEREHAM Secondary Modern School, Crown Road	Minor Ailments. Speech therapy.	One session weekly. One session weekly.
DISS C.P. School Victoria Road	Minor Ailments. Speech therapy.	One session weekly. One session weekly.
DOWNHAM MARKET Local Health Office, The Howdale	Minor Ailments. Speech therapy.	Two sessions monthly. One session weekly.
FAKENHAM Secondary Modern School	Dental. Minor Ailments. Speech therapy.	Ten sessions monthly. Two sessions monthly. One session weekly.
HEACHAM Jubilee Institute	Dental. Speech therapy.	When specially arranged. One session weekly.
HELLESDON Secondary Modern School, Middleton's Lane	Dental. Minor Ailments.	Four sessions weekly Two sessions monthly.
NEW HUNSTANTON C.P. School	Minor Ailments.	Two sessions monthly.
KING'S LYNN Local Health Office, 15, Nelson Street	Child Guidance. Dental. Minor Ailments. Speech therapy.	Two sessions monthly. Four sessions weekly. One session daily. Three sessions weekly.
LITCHAM C.P. School	Minor Ailments. Speech therapy.	Two sessions monthly. One session weekly.
LODDON St. John Ambulance Brigade Rooms	Speech therapy.	One session weekly.
MELTON CONSTABLE Railway Institute	Speech therapy.	One session weekly.

Name and address of clinic.	Type of treatment provided.	Frequency of session.
NORWICH Local Health Office, Aspland Road, Riverside Road	Child Guidance. Dental. Speech therapy.	One session weekly. Four sessions weekly by special arrangement. Four sessions weekly.
SHERINGHAM C.P. School	Dental. Minor Ailments.	Two sessions weekly. Two sessions monthly.
SPROWSTON Secondary Modern School, Recreation Ground Road	Dental. Minor Ailments.	Four sessions weekly. Two sessions monthly.
STALHAM Secondary Modern School	Dental. Minor Ailments. Speech therapy.	Two sessions weekly. Two sessions monthly. One session weekly.
SWAFFHAM St. John House	Child Guidance. Minor Ailments. Speech therapy.	One session monthly. One session weekly. One session weekly.
TERRINGTON ST. CLEMENT C.P. Junior School	Minor Ailments. Speech therapy.	One session weekly. One session weekly.
THETFORD Local Health Office, Tanner Street	Dental. Minor Ailments. Speech therapy.	Ten sessions weekly. One session weekly. One session weekly.
THORPE C.P. School, Hillside Avenue	Dental. Minor Ailments. Speech therapy.	Two sessions weekly. One session weekly. One session weekly.
UPWELL Secondary Modern School	Minor Ailments.	Two sessions monthly.
NORTH WALSHAM Secondary Modern School	Dental. Minor Ailments. Speech therapy.	Four sessions weekly. One session weekly. One session weekly.
WATTON C.P. School	Minor Ailments. Speech therapy.	Two sessions monthly. One session weekly.
WELLS-NEXT-SEA C.P. School Friends' Meeting House	Dental. Minor Ailments. Speech therapy.	Four sessions monthly. One session weekly. One session weekly.
WYMONDHAM C.P. School Secondary Modern School	Minor Ailments. Speech therapy. Dental. Minor Ailments.	One session weekly. One session weekly. Six sessions weekly. One session weekly.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1952

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS.)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups:—

Entrants	...	...	...	...	...	6,514
Second age group	...	...	...	...	...	4,241
Third age group	...	...	...	...	...	3,595
Total						14,350

Number of other periodic inspections ... 5,831

Grand Total ... 20,181

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	883
Number of re-inspections	...	...	...	...	10,134
Total					11,017

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group. (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants ...	98	1,171	1,204
Second age group ...	354	583	874
Third age group ...	335	318	627
Total (prescribed groups) ...	787	2,072	2,705
Other periodic inspections ...	390	813	1,122
Grand Total ...	1,177	2,885	3,827

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1952.**

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requir- ing treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requir- ing treatment (5)
4	Skin	171	251	30	14
5	Eyes—				
	(a) Vision ...	1,177	560	95	27
	(b) Squint ...	225	122	14	5
	(c) Other ...	88	117	17	3
6	Ears—				
	(a) Hearing ..	43	106	13	4
	(b) Otitis Media	34	137	6	4
	(c) Other ...	21	70	10	7
7	Nose or Throat ...	576	1,650	97	67
8	Speech	149	199	22	10
9	Cervical Glands ...	69	900	12	25
10	Heart and Circulation	68	178	8	9
11	Lungs	129	432	15	24
12	Developmental—				
	(a) Hernia ...	54	76	5	1
	(b) Other ...	50	344	9	4
13	Orthopaedic—				
	(a) Posture ...	105	135	27	8
	(b) Flat Foot ...	258	104	24	4
	(c) Other ...	756	709	85	23
14	Nervous system—				
	(a) Epilepsy ...	14	31	4	2
	(b) Other ...	13	138	4	11
15	Psychological —				
	(a) Development	146	195	52	26
	(b) Stability ...	43	207	10	17
16	Other	117	207	23	32
	Totals ...	4,306	6,868	582	327

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups (1)	No. of pupils inspect- ed (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants ...	6,514	2,695	41.37	3,497	53.69	322	4.94
Second age group ..	4,241	1,899	44.78	2,141	50.48	201	4.74
Third age group ...	3,595	1,915	53.27	1,528	42.50	152	4.23
Other periodic inspections	5,831	2,590	44.42	3,037	52.08	204	3.50
TOTAL ...	20,181	9,099	45.09	10,203	50.55	879	4.36

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	253,318
(ii)	Total number of individual pupils found to be infested	508
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

					under treatment during the year Number of cases treated or	
					By the authority	Otherwise
Ringworm—	(i)	Scalp	...	...	5	†
	(ii)	Body	...	...	15	†
Scabies	...	...	...	...	2	†
Impetigo	...	...	...	...	85	†
Other skin diseases	...	...	...	...	435	†
Total	...	...	...	...	542	†

Group II.—Eye Diseases, Defective Vision and Squint.

					Number of cases dealt with	
					By the authority	Otherwise
External and other, excluding errors of refraction and squint					256	†
Errors of refraction (including squint)	...	...	...	...	—	2,031
Total	...	...	...	...	256	2,031
Number of pupils for whom spectacles were :—						
(a) Prescribed	...	...	...	...	—	1,216
(b) Obtained	...	...	...	...	†	†

† Figures not available.

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	By the authority.	Otherwise
Received operative treatment		
(a) For diseases of the ear ...	—	†
(b) For adenoids and chronic tonsillitis	—	†
(c) For other nose and throat conditions	—	†
Received other forms of treatment	104	†
Total	104	†

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	†	
	By the authority.	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	†	†

† Figures not available.

Group V.—Child Guidance Treatment.

	Number of cases treated.	
	In the authority's child guidance clinics.	Elsewhere.
Number of pupils treated at child guidance clinics	200	*2

* At Great Yarmouth clinic.

Group VI.—Speech Therapy.

Number of pupils treated by speech therapists	Number of cases treated.	
	By the authority.	Otherwise
	392	—

Group VII.—Other Treatment Given.

	Number of cases treated.	
	By the authority.	Otherwise
(a) Miscellaneous minor ailments	3,890	—
(b) Other	—	†
Total	3,890	†

† Figures not available.

5 OCT 1953